B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

District of Wyoming

| 111 | Dennis Meyer Danzik , | Case No. | 17-20934 | | |
|-----|--|--|--|--|--|
| | Debtor | | ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT | CONTY THE SECURE - IS ADMINISTRATED IN CONTRACTOR OF | |
| | | Small Busin | ness Case under C | hapter 11 | |
| | SMALL BUSINESS MONTHLY | Y OPERATING RE | PORT | | |
| M | onth: April 2018 | Date filed: | 05/29/2018 | | |
| Li | ne of Business: Engineering and Design Consulting | NAISC Code: | 541330 | | The second secon |
| AC | ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNI RJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL COMPANYING ATTACHMENTS AND, TO THE BEST OF MY RRECT AND COMPLETE. | DISCINICO MONTANTI | TO COMP A CONTROL | | |
| RE | SPONSIBLE PARTY: | | | | |
| < | Daul | | | | |
| Ori | ginal Signature of Responsible Party | or and the second secon | | | |
| De | nnis M. Danzik | | | | |
| Pri | nted Name of Responsible Party | and the state of t | | | |
| On | estionnaire. (All questions to be assessed as I. I. C. C. | | | | |
| 1. | estionnaire: (All questions to be answered on behalf of the debtor.) IS THE BUSINESS STILL OPERATING? | | | Yes | No |
| 2. | HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH | LIO. | | Ø | 0 |
| 3. | DID YOU PAY YOUR EMPLOYEES ON TIME? | 11. | | 2 | 0 |
| 4. | HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR B | USINESS INTO THE I | DIP ACCOUNT | | Ø) |
| 5. | THIS MONTH? HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAI | | | | 8L) |
| | MONTH | | AES IHIS | | Z |
| 6. | HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVE | | | | |
| 7. | HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS | | | 7 | O |
| 8. | DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINES | S NEXT MONTH? | | 7 | O |
| 9. | ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMEN | NT TO THE U.S. TRUS | STEE? | Ø | |
| 10. | HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OT MONTH? | THER PROFESSIONAL | LS THIS | | Ø |
| 11. | DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANT MONTH? | ICIPATED EXPENSES | STHIS | 0 | Ø |
| 12. | HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SEI ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY | RVICES OR TRANSFI | ERRED ANY | 0 | Ø |
| 13. | DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THA | | T? | 0 | Ø |

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| | | Page 2 |
|--|-----|------------|
| B 25C (Official Form 25C) (12/08) | | |
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | | 7 |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | | Ø |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | | 3 1 |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | | 7 |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | . 0 | Ø |
| TAXES | | |
| DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? | Ø | ٥ |
| IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT. | | |
| (Exhibit A) | | |
| | | |
| INCOME | | |
| PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.) | | |
| TOTAL INCOME | \$ | 37,200.00 |
| SUMMARY OF CASH ON HAND | | |
| Cash on Hand at Start of Month | \$ | 70,365.91 |
| Cash on Hand at End of Month | \$ | 70,118.10 |
| PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL | \$ | 70,118.10 |
| (Exhibit B) | | |
| EXPENSES | | |
| PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.) | | |
| TOTAL EXPENSES | \$ | 12,344.89 |
| (Exhibit C) | | |
| CASH PROFIT | | |
| INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) | | |
| EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) | \$ | 37,200.00 |
| | \$ | 12,344.89 |
| (Subtract Line C from Line B) CASH PROFIT FOR THE MONTH | \$ | 24,855.11 |

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UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$ 4,706.63

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL RECEIVABLES \$ 80,540.00

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

WILLIAM &

| EMPLOYEES | | |
|--|-----|------|
| NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? | | 0 |
| NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? | | 0 |
| PROFESSIONAL FEES | | |
| BANKRUPTCY RELATED: | | |
| PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? | ¢ | 0.00 |
| TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? | d d | 0.00 |
| NON-BANKRUPTCY RELATED: | 3 | 0.00 |
| PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? | S | |
| TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE | J. | 0.00 |
| FILING OF THE CASE? | \$ | 0.00 |
| | | |

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PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

| | | Projected | Act | tual | Difference | |
|--------------|--------|-------------------|-------------|-----------|-----------------|-----------------|
| INCOME | \$ | 30,000.00 | \$ | 37,200.00 | \$ 7,200.00 | |
| EXPENSES | \$ | 9,000.00 | \$ | 12,344.89 | \$ -3,344.89 | |
| CASH PROFIT | \$ | 21,000.00 | \$ | 24,855.11 | \$ 3,855.11 | |
| | | COME FOR THE NEX | | | | \$ 30,000.00 |
| | | PENSES FOR THE NE | | | | \$ 12,000.00 |
| TOTAL PROJEC | TED CA | SH PROFIT FOR THE | NEXT MONTH: | | | \$ 18,000.00 |

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

| | | Period Ending March 31, 2018 DENNIS M. DANZIK Case Number: 17-20934 | 3 | Exhibit B - Monthly O Cash and Income | perating Report |
|-----------------------|-----------|---|------|---|-----------------|
| | DATE | INCOME RUNNING SHEET | NOTE | AMOUNT | |
| | | Source | | | |
| 3 | 3/23/2018 | Payment Received | 1 | \$ 60,000.00 | |
| 1 3 4 5 6 | | Invoice Out - Client Contract 01 Ending Cash Wells Fargo Account US Bank Debtor in Possession US Bank Debtor in Possession - Tax Account Total Earnings | | \$ 37,200.00 \$ 7,195.76 \$ 75.24 \$ 42,847.10 \$ 20,000.00 | |
| | | TOTAL | | \$ 107,318.10 | |
| | | RECEIVEABLES | | \$ 37,200.00 | |

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| | | Period Ending Ap | oril 30, 2018 | | | | | | |
|----|---------|------------------------------|---------------|----|---------------|------|--------------|----------------------|--------|
| | | DENNIS M. DANZIK | | Ex | hibit C - Mon | thly | Operating Re | port | |
| | | Case Number: 17-20934 | | Ex | penses | | | | |
| | DATE | EXPENSE RUNNING SHEET | NOTE | AM | OUNT | P | AYMENT | | Credit |
| | | Payee | | | | | | | Last 4 |
| 1 | 4/3/18 | Card Fee | Fee | \$ | 4.95 | | | 2 | 2363 |
| 2 | 4/4/18 | Audible | Book | \$ | 16.14 | | | 2 | 9116 |
| 3 | 4/4/18 | Credit Protect | Fee | \$ | 1.36 | | | 2 | 9116 |
| 4 | 4/4/18 | Late Fee | Fee | \$ | 25.00 | | | 2 | 9116 |
| 5 | 4/4/18 | Interest Charge on Purchases | Fee | \$ | 2.34 | | | 2 | 9116 |
| 6 | 4/5/18 | Returned Check Fee | Fee | \$ | 27.00 | | | 2 | 3593 |
| 7 | 4/11/18 | Internet Payment | Payment | \$ | 152.54 | Ś | 152.54 | 2 | 9116 |
| 8 | 4/12/18 | Express Payment Fee | Fee | \$ | 9.95 | | | 2 | 9116 |
| 9 | 4/13/18 | Interest Charge on purchases | Fee | \$ | 4.47 | | | 2 | 3593 |
| 10 | 4/16/18 | Audible | Book | \$ | 16.14 | | | 2 | 9116 |
| 11 | 4/20/18 | Annual Charge | Fee | \$ | 75.00 | | | 2 | 2363 |
| 12 | 4/22/18 | IRS | Payment | \$ | 7,500.00 | \$ | 7,500.00 | 3 | 6190 |
| 12 | 4/30/18 | Estimated taxes | Tax | \$ | 4,500.00 | | | 3 | |
| 14 | 4/30/18 | Bank Fee | Fee | \$ | 10.00 | \$ | 10.00 | 1 | 6456 |
| | | | | | | | | 1 C. 2 C. 3 Ta | |
| | | TOTAL | | \$ | 12,344.89 | \$ | 7,662.54 | 3 14 | 14 |
| | | Balance Forward - This Month | | \$ | 4,682.35 | | | | |

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| | | Period Ending April 30, 2018 DENNIS M. DANZIK Case Number: 17-20934 | | | nibit D - Mor | nthly Operating Report |
|---|---------|---|-------------|----|---------------|------------------------|
| | DATE | UNPAID BILLS | NOTE | AM | OUNT | |
| | | Description | | | | |
| 1 | 4/30/18 | Credit Card Ending 4447 | Balance Due | \$ | 25.63 | |
| 2 | 4/30/18 | Credit Card Ending 9948 | Balance Due | \$ | 100 TO TO | CREDIT |
| 3 | 4/30/18 | Credit Card Ending 0152 | Balance Due | \$ | 10.27 | 3112971 |
| 4 | 4/30/18 | Credit Card Ending 2363 | Balance Due | \$ | 79.95 | |
| 5 | 4/30/18 | Credit Card Ending 3593 | Balance Due | \$ | - | |
| 7 | 4/30/18 | Credit Card Ending 6632 | Balance Due | \$ | 60.00 | |
| 8 | 4/30/18 | Estimated taxes (current only) | Estimate | \$ | 4,500.00 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | TOTAL | | \$ | 4,706.63 | |

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| | | Period Ending April 30, | 2018 | | |
|---|-----------|--|----------------|---------|--------------------------------------|
| | | DENNIS M. DANZIK | | | Exhibit E - Monthly Operating Report |
| | | Case Number: 17-20934 | | | Receivables |
| | DATE | RECEIVABLES - Runing Total and Collections | | NOTE | AMOUNT |
| | | Description | Client Code | | |
| 1 | 12/1/17 | Invoice 17-12010022 | 1 | Invoice | \$ 19,100.00 |
| 2 | 12/6/17 | Invoice 17-12010023 | 4 | Invoice | \$ 1,700.00 |
| 3 | 1/8/2018 | Invoice 18-01010024 | 4 | Invoice | \$ 2,600.00 |
| 4 | 1/31/2018 | Invoice 18-01010025 | 1 | Invoice | \$ 21,500.00 |
| 5 | 2/1/2018 | Invoice 18-01010026 | 3 | Invoice | \$ 150.00 |
| 6 | 2/28/2018 | Invoice 18-01010027 | 1 | Invoice | \$ 26,740.00 |
| 7 | 3/1/2018 | Invoice 18-01010028 | 3 | Invoice | \$ 150.00 |
| 8 | 3/31/2018 | Invoice 18-01010029 | 1 | Invoice | \$ 31,400.00 |
| 9 | 4/30/2018 | Invoice 18-01010030 | 1 | Invoice | \$ 37,200.00 |
| | 3/23/18 | Payment Received | 1 | D | |
| | | - Symula necessary | 1 | Payment | \$ 60,000.00 |
| | | TOTAL BILLINGS | | | \$ 140,540.00 |
| | | TOTAL RECEIVABLES | | | \$ 80,540.00 |

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Wells Fargo Everyday Checking

Account number:

\$456 April 1, 2018 - April 30, 2018 Page 1 of 3





DENNIS M DANZIK 1108 14TH ST 405 CODY WY 82414-3743

Questions?

Available by phone 24 hours a day, 7 days a week: Telecommunications Relay Services calls accepted 1-800-TO-WELLS (1-800-869-3557)

TTY: 1-800-877-4833 En español: 1-877-727-2932

華語 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (038)

P.O. Box 6995

Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

| Online Banking | 1 | Direct Deposit | |
|--------------------|---|-----------------------|---|
| Online Bill Pay | 1 | Auto Transfer/Payment | П |
| Online Statements | 1 | Overdraft Protection | П |
| Mobile Banking | 1 | Debit Card | |
| My Spending Report | | Overdraft Service | |

Activity summary

 Beginning balance on 4/1
 \$85.24

 Deposits/Additions
 0.00

 Withdrawals/Subtractions
 - 10.00

 Ending balance on 4/30
 \$75.24

Account number: DENNIS M DANZIK

Arizona account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 122105278

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

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Account number

■ April 1, 2018 - April 30, 2018 ■ Page 2 of 3



Transaction history

| Date 4/30 | Check Number | Description Monthly Service Fee | Deposits/ Additions | Withdrawals/ Subtractions | Ending daily balance |
|---|-----------------|---------------------------------|------------------------|------------------------------|-------------------------|
| Marie Sales | lance on 4/30 | | | 10.00 | 75.24 |
| Totals | | | | | 75.24 |
| · westo | | | \$0.00 | \$10.00 | |

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

| Fee period 04/01/2018 - 04/30/2018 | Standard monthly service fee \$10.00 | You paid \$10.00 |
|---|--|------------------------------|
| How to avoid the monthly service fee Have any ONE of the following account requirements | Minimum required | This fee period |
| Minimum daily balance Total amount of qualifying direct deposits Total number of posted Wells Fargo Debit Card purchases and/or pay The fee is waived when the account is linked to a Wells Fargo Campu | \$1,500.00 \$500.00 ments 10 s ATM or | \$85.24 □ \$0.00 □ 0 □ |
| Monthly service fee discount(s) (applied when box is checked) | | |
| Age of primary account owner is 17 - 24 (\$5.00 discount) | | |



IMPORTANT ACCOUNT INFORMATION

The following addendum to the "Your account ownership" section of the Consumer Account Agreement under the question "What if an account owner or authorized signer is declared incompetent or dies?" is effective April 30, 2018:

We may accept and comply with court orders and legal documents, and take direction from affiants or court appointed personal representatives, guardians, or conservators from your state of residence, even if different than where your account was opened except as otherwise required by applicable law or court order. We may require additional documentation be provided to us before complying with the directions given by affiants or court appointed personal representatives, guardians, or conservators. We reserve the right to require U.S. court documents for customers who reside outside of the U.S. at time of incompetence or death.

Important information about the Wells Fargo Rewards® Program Terms and Conditions for the Wells Fargo Propel American Express® Card. These changes are effective June 23, 2018. These changes do not impact the Wells Fargo Propel 365 American Express® Card or Wells Fargo Propel World American Express® Card.

You will no longer earn a relationship bonus on your Wells Fargo Propel American Express Card. If you own a Wells Fargo consumer checking, savings or Portfolio by Wells Fargo® account the last day you will earn your relationship bonus will be May 31, 2018. You will receive your last relationship bonus payout no later than June 24, 2018.

Points earned on this credit card account will not expire as long as this credit card account remains open.

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Account number:

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Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A Enter the ending balance on this statement.

\$ |

B List outstanding deposits and other credits to your account that do not appear on this statement. Enter the total in the column to the right.

| Description | Amount | |
|-------------|--------|-----|
| | | |
| Total | \$ | + 5 |

C Add A and B to calculate the subtotal.

- 1

D List outstanding checks, withdrawals, and other debits to your account that do not appear on this statement. Enter the total in the column to the right.

| Number/Description | Amount | | | |
|--------------------|--|---|------|---|
| | 1 | | | |
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| - | | | | |
| | 1 | | | |
| | | | | |
| Total | | | | |
| Total | a | | - \$ | 1 |

E Subtract D from C to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register.

General statement policies for Wells Fargo Bank

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts. You have the right to dispute the accuracy of information that Wells Fargo Bank, N.A. has furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- In case of errors or questions about your electronic transfers, telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
 - 1. Tell us your name and account number (if any).
 - Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
 - 3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

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| | | Period Ending April 30, 2018 DENNIS M. DANZIK Case Number: 17-20934 | | | Exhibit D - Monthly Operating Report Unpaid Bills | | | |
|------|---------|---|-------------|--------|---|--------|--|--|
| DATE | | UNPAID BILLS NOTE | | AMOUNT | | | | |
| | | Description | | | | | | |
| 1 | 4/30/18 | Credit Card Ending 4447 | Balance Due | \$ | 25.63 | | | |
| 2 | 4/30/18 | Credit Card Ending 9948 | Balance Due | \$ | | CREDIT | | |
| 3 | 4/30/18 | Credit Card Ending 0152 | Balance Due | \$ | 10.27 | CREDIT | | |
| 4 | 4/30/18 | Credit Card Ending 2363 | Balance Due | \$ | 79.95 | | | |
| 5 | 4/30/18 | Credit Card Ending 3593 | Balance Due | \$ | - | | | |
| 7 | 4/30/18 | Credit Card Ending 6632 | Balance Due | \$ | 60.00 | | | |
| 8 | 4/30/18 | Estimated taxes (current only) | Estimate | \$ | 4,500.00 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | TOTAL | | \$ | 4 706 63 | | | |



Uni-Statement

Account Number:

/6190 Statement Period: Apr 1, 2018

Apr 1, 2018 through Apr 30, 2018

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P.O. Box 1800 Saint Paul, Minnesota 55101-0800

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DUP

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X IP01



To Contact U.S. Bank

By Phone:

1-800-US BANKS (1-800-872-2657)

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Thank you for choosing U.S. Bank. We're committed to providing clear communications and would like to take this opportunity to inform you of some upcoming changes to your Easy Checking account, effective May 14, 2018.

| Regarding your: | Current | New (as of May 14, 2018) | | | |
|---|--|---|--|--|--|
| Extended Overdraft Fee | \$25.00 fee is charged on the 8th calendar day and each week thereafter if the available account balance remains below \$0.00. | \$36.00 fee is charged if the available account balance remains negative for seven consecutive calendar days; you will be charged \$36.00 on the eighth calendar day. | | | |
| Overdraft Protection Transfer Fee | \$12.50 - Overdraft Protection Transfer Fee¹ to a deposit account (U.S. Bank consumer savings account, money market or a secondary checking account) if a deposit account is set up as overdraft protection. | \$0.00 - Overdraft Protection Transfer Fee ⁴ when a transfer is made from a linked deposit account (U.S. Bank consumer savings account, money market or a secondary checking account). | | | |
| | Fee remains as follows: \$12.50 - Overdraft Protection Transfer Fee¹ when transfers are made from a linked credit account (U.S. Bank Reserve Line, credit card, Premier Line, Home Equity Line of Credit, and/or other lines of credit). | | | | |
| Monthly Maintenance Fee | \$6.95 with eStatements \$8.95 with paper statements ² | \$6.95 If you are enrolled in paper statements ² , a \$2.00 Paper Statement Fee will be charged separately from the Monthly Maintenance Fee. | | | |
| . 55 | Requirement to waive the Monthly Maintenance Fee remains as follows: Combined monthly direct deposits totaling \$1,000.00+, OR Average account balance ³ of \$1,500.00. | | | | |
| Cashier's Checks | Cashier's Checks - \$7.00 | Cashier's Checks - \$8.00 | | | |

¹ If you have linked eligible accounts, and the negative available balance in your checking account is \$5.01 or more, the advance amount will transfer in will be waived. Refer to Your Deposit Account Agreement, section titled Overdraft Protection Plans, for additional information.

² Additional fees for Statements with Check Images and Statements with Check Return. Check Images and Check Return is available only with paper with Check Images is waived.

The average account balance for Easy Checking is calculated by adding the balance at the end of each calendar day in the statement period and dividing that sum by the total number of calendar days within the statement period.



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ESTATE DOCUMENT DANZING 14 of 14 DEBTOR IN POSSESSION BANKRUPTCY CASE #17-20934 10632 N SCOTTSDALE RD #722 SCOTTSDALE AZ 85254-6164

Uni-Statement Account Number:

1190

Statement Period: Apr 1, 2018 through Apr 30, 2018



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| | | | No constitution of the con | | Page 2 of 2 |
|----|--|--|--|--|---|
| | | | | Account Number | Member FDIG 6190 |
| \$ | 63,074.64 75.00- 20,152.54- | Number of Days in Statement Period Average Account Balance | | iod \$ | 30 54,313.94 |
| \$ | 42,847.10 | | | | |
| - | | | | | Amount |
| , | On 042918 ILNKILNK | ISDALE AZ (REF 811914367) | 110429135 | s | 75.00- |
| | | Card 2830 With | drawals Subtotal | <u>*</u> | 75.00- |
| - | | Total (| Card Withdrawals | \$ | 75.00- |
| | | | | | *** |
| 7 | To Credit One Bank | Make any stay of the control of the second o | Ref Numbe | Management of the Committee of the Commi | Amount |
| | 912240213 Payment | 0000257399870 | | \$ | 152.54- |
| | 01.000dill 10170720090 | / I | | | 20,000.00- |
| | Street Superior Control of | Total O | ther Withdrawals | \$ | 20,152.54- |
| Ā | Acce f | nding Balance 42,922.10 | Date Apr 30 | Ending Bai 42,84 | |
| | \$ 1 1 1 1 L | 75.00- 20,152.54- \$ 42,847.10 SHELL Service St SCOT On 042918 ILNKILNK To Credit One Bank 912240213 Payment To Account 15170720690 | To Credit One Bank 912240213 Payment 0000257399870 To Account 151707206901 Total O | To Credit One Bank 912240213 Payment 0000257399870 To Account 151707206901 Total Card Withdrawals Date Ending Balance Number of Days in Statement Per Average Account Balance Ref Number 110429135 Ref Number 11042913 | \$ 63,074.64 Number of Days in Statement Period |